

AGENCY NAME

DYSPHAGIA CARE PLAN [A.K.A. Physical and Nutritional Management Plan (PNMP)]

NAME:

ADDRESS:

DATE DEVELOPED

DYSPHAGIA LEVEL

REVISED:

STATUS: 1.

TOPIC:	PROPOSED STRATEGY/ACTIVITY:	TRIGGERS:
ORAL CARE AND MEDICATION ADMINISTRATION	1.	<ul style="list-style-type: none"> • Coughing with signs of struggle (watery eyes, drooling, facial redness) • Wet Vocal Quality • Vomiting • Sudden Change in Breathing • Watery eyes • Weight loss/gain of 5lbs in a month
MEAL POSITION AND ADAPTIVE MEAL EQUIPMENT	1.	
SHOWER/BATH AND EQUIPMENT	1.	
TOILETING; PERSONAL CARE	1.	
DRESSING	1.	
TRANSFER METHOD	1.	
AMBULATION OR MOBILITY INC. BED MOBILITY	1.	
POSITIONING PROGRAM &/OR SCHEDULE	1.	
COMMUNICA-TION	1.	
WHAT TO DO IF YOU NOTICE A DYSPHAGIA TRIGGER	<ol style="list-style-type: none"> 1. Make sure all plans (such as positioning, diet texture, PNMP) are being followed correctly 2. If not, correct and look for triggers. If no further trigger, mark on trigger data sheet as corrected. 3. If trigger continues, document as uncorrected and notify _____(nurse, supervisor) 	

REVISED 9-22-09